

CLAIM PAYMENT FORM


| | |
|--|--------------------------------|
| Requestor Name : Ei Ei Naing | Budget Type : Include Budget |
| Department Name : | Payment Type : Claim Payment |
| Payment Date : 2025-06-19 | Prepared By : Ei Ei Naing |
| Payment Voucher : EX-COP-2025-06-00011 | Superior Approved : Moe Thazin |
| No | By |
| Payment Method : Cash/Bank | Last Approved By : CFD Cashier |
| Payment Amount : 80000.0 | |
| Currency : MMK | |
| Exchange Rate : 4,530.0 | |

| No. | Description | Department | Paid Amount | Remark |
|-----|--|--------------------------------|-------------|--------|
| 1 | (Claim)Security OT (Replacement OT, Eid Day OT) (1-6-2025)to (11-6-2025). | Administration Department(COP) | 80,000.00 | |

Expense Total **80,000.00 K**
Additional/Refund

Note:

Paid Description:



Paid By

Name : Sue Martin

NRC No : 2111111111111111

Date : 19.06.25

Received By

Name : Ei Ei Naing

NRC No : 1411111111111111

Date : 19.6.25



No. 152, Hlaingtharya Industrial Zone (4)
Min Gyi Mahar Min Street, Hlaingtharya, Yangon

CLAIM REQUEST FORM

Requestor Name : Ei Ei Naing
 Department Name :
 Request Date : 2025-06-18
 Payment Voucher : EX-COP-2025-06-00011
 No
 Payment Method : Cash/Bank
 Payment Amount : 80000.0
 Currency : MMK
 Exchange Rate : 4,550.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : Ei Ei Naing
 Superior Approved : Moe Thazin
 By
 Last Approved By : COPMgmt

| No. | Description | Department | Request Amount | Remark |
|-----|--|--------------------------------|----------------|--------|
| 1 | (Claim) Security OT (Replacement OT, Eid Day OT) (1-6-2025) to (11-6-2025) | Administration Department(COP) | 80,000.00 | |

Expense Total
Additional/Refund

80,000.00 K

Note:

| | | | |
|---|---|--|---|
| <p>Superior Check By Name : <i>Moe Thazin</i> NRC No : <i>1111111111111111</i> Date : <i>18.6.2025</i> Remark :</p> | <p>F&A Name : <i>[Signature]</i> NRC No :</p> | <p>GM/AGM Name : <i>[Signature]</i> NRC No :</p> | <p>COO Name : <i>[Signature]</i> NRC No :</p> |
|---|---|--|---|

UMG

OVERTIME REQUEST FORM


BR/DIV Name : CE-2

Department Name : GA

Reason for Overtime : အလုပ်အကိုင်: OT.

| No. | Date | Name | Position Level | Time | | Hours | Amount | Remark | |
|-----|-----------|----------------|----------------|-------|-------|--------------|--------|--------|--|
| | | | | From | To | | | | |
| 1 | 1.6.2025 | မောင်လင်းအောင် | | 07:00 | 17:00 | 08:00 | 8000 | | |
| 2 | 2.6.2025 | အိန်နီဇီ | | 07:00 | 17:00 | " | 8000 | | |
| 3 | 4.6.2025 | ခင်စု | | 17:00 | 07:00 | " | 8000 | | |
| 4 | 5.6.2025 | အိန်နီဇီ | | 17:00 | 07:00 | " | 8000 | | |
| 5 | 8.6.2025 | အိန်နီဇီ | | 07:00 | 17:00 | " | 8000 | | |
| 6 | 10.6.2025 | ခင်စု | | 17:00 | 07:00 | " | 8000 | | |
| 7 | 11.6.2025 | အိန်နီဇီ | | 17:00 | 07:00 | " | 8000 | | |
| | | | | | | Total Hours | 56 hr | 56000 | |
| | | | | | | Total Amount | | | |

Requested by

Sign : 
 Name : ခင်စု
 (Requestor)


Approved by


 (DH)
 Moe Chan

Approved by


 (GM/AGM/COO)
 Aung Mye Win

Checked by


 (HR) Moe Chan

05-CHL-HRM-FRM-020-05

05-CHL-HRM-FRM-020-05

